

Federal Communications Commission
Consumer & Governmental Affairs Bureau
Disability Rights Office
445 12th Street, S.W.
Washington, D.C. 20554

OFFICIAL
NOTICE OF INFORMAL COMPLAINT

December 12, 2012
(CARON) (ABC Channel 7)
FCC Case No. 12-C00432530-1

Attached is a copy of an informal complaint naming your company that was recently filed with the Disability Rights Office (DRO) of the Federal Communications Commission. Pursuant to Section 713 of the Communications Act of 1934, as amended (the "Act"), 47 U.S.C. § 613, and Section 79.1 of the Commission's Rules, 47 C.F.R. § 79.1, we direct your company to respond to the complaint. **Your response is due within thirty (30) days of the date of this Notice.**

Your company, as the Multichannel Video Programming Distributor (MVPD), must respond specifically to each matter raised in the complaint and summarize the actions that it has taken to satisfy each such matter. If the programming at issue is reaching you without captions, in responding to the complaint, you have the responsibility to check with the supplying network or program producer before responding to determine that either the material is exempt from the captioning requirements pursuant to one of the categorical exemptions in 47 CFR §79.1(d) or pursuant to an individual petition for exemption filed under 47 CFR §79.1(f).

Please provide the complainant's name and the complaint number at the top of your response. A company that receives and responds to informal complaints electronically **must** submit its responses to the Commission via the FCC website using its DRO log-in. If your company does not receive and respond to informal complaints electronically via the FCC website, you must file a hard copy of your response with the Disability Rights Office of the Federal Communications Commission at 445 12th St., SW, Washington, D.C. 20554. Only if you are required to file a hard copy, please also send a courtesy electronic copy of the response to DROinquiries&complaints@fcc.gov which will expedite processing.

You are further directed to send a copy of your response to the complainant at the time that you forward the response to the Commission. To ensure that your response is received by the complainant in an accessible format, please send it pursuant to the preferred format or method of response indicated by the complainant on the complaint form. Finally, your company is directed to retain all records that are or may be pertinent to the allegations raised in each complaint until final Commission disposition of the complaint at issue.

A failure to answer any lawful Commission inquiry is considered a misdemeanor punishable by a fine under Section 409(m) of the Act, 47 U.S.C. § 409(m). Section 503(b)(1)(B) of the Act, 47 U.S.C. § 503(b)(1)(B), provides for the imposition by the Commission of forfeiture penalties against any person who willfully fails to follow the directives of the Act or of a Commission order.

If you have any questions regarding this Notice, please call the DRO inquiries and complaints assistance line at 202-418-7020 or write to DROinquiries&complaints@fcc.gov. To ensure that we can adequately respond to your inquiry, please provide the names of the complainant and your company, the complaint number, and the specific questions that you would like to have answered.

Sincerely,



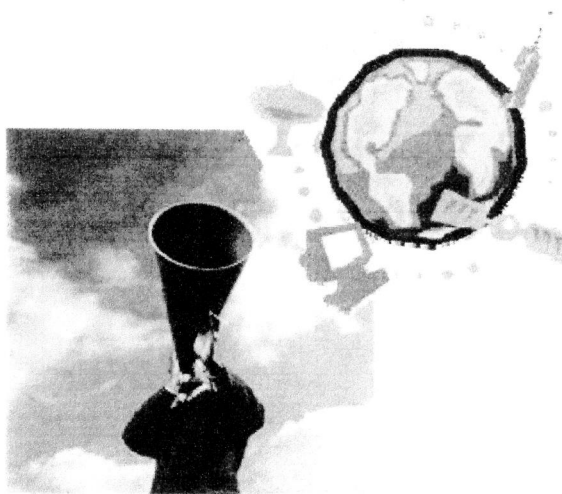
Susan L. Kimmel, Deputy Chief
Disability Rights Office
Consumer and Governmental Affairs Bureau

CARRIER RESPONSE COVER PAGE

COMPLAINT # : 12-C00432530-1

CARRIER : ABC Channel 7

CONSUMER NAME : CARON



Carrier Instructions: To better assist the FCC in ensuring that carrier responses are attached to the correct complaint, this cover page has been provided to you for responding to the complaint referenced above. Please ensure that this page precedes your response to this complaint. If you have any questions, please contact your FCC POC.

FCC Instructions: When scanning the carrier's response, select file type "Carrier Response" and upload file to the complaint # noted above.

Complaint Summary: 12-C00432530-1

Date Served : 12/12/2012

Response Due Date : 01/11/2013

Carrier : ABC Channel 7

Form Type : 2000C

Consumer Name : CARON, CRAYA

Complaint Submission Date: 10/15/2012

Complaint Type: Broadcast

Complaint Category: Disability

Complaint Sub-Category: Closed Captioning

Form 2000C – Disability Access Complaint

Consumer's Information:

First Name: **Craya** Last Name: **Caron**

Company Name:

(Complete only if you are filing this complaint on behalf of a company or an organization.)

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **1125 Jackrabbit Trail**

Address 2:

Mailing Address (where mail is delivered)

City: **Twenty-Nine Palms** State: **CA** Zip Code: **92277**

Telephone Number (Residential or Business): **(650) 863 - 5304**

E-mail Address: **caroncra@earthlink.net**

Are you filing information on behalf of another party, such as client, parent, spouse or roommate?:

No

If yes, complete items a through h.

- a. Your relationship with the party:
- b. The party's first name:
- c. The party's last name:
- d. The party's daytime phone number:
- e. The party's street address or post office box number:
- f. City: State: Zip Code:
- g. E-mail address:
- h. Fax Number:

IMPORTANT: Please indicate the preferred format or method of response to the complaint by the Commission and defendant: , **Internet E-mail**

Form 2000C – Disability Access Complaint

*** ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT ***

1. Check the appropriate box for your type of complaint:

- **Closed Captioning on television (from a television station or subscription TV provider, for example, cable, fiber optic or satellite)**

2. Provide the name, address and telephone number (if known) of the company(s) involved in your complaint:

Name: **Do not know - I do not have cable, just over the air-digital**

City: **San Bernardino Couth** State: **CA** Zip Code:

Telephone number:

3. If your complaint is about accessibility of telecommunications services or equipment, provide the make and model number of the equipment or device that this complaint is about:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy):

and any details of when the event or action you are complaining about occurred:

Since our over-the-air broadcasting conversion from analog to digital 3 months ago, we no longer have closed captioning except on channel 5, KTLA.

5. If your complaint is about access to emergency information on television, provide the following information:

a. Television station call sign and network name (if applicable), or channel name (for example, "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

b. Channel (for example, "13"):

c. Station or subscription TV provider system location:

City: County:

State:

d. Date(s) and time(s) of emergency:

e. Detailed description of the emergency (for example, flood, hurricane, tornado, etc., as well as the areas in which the emergency occurred):

6. If your complaint is about video description or closed captioning on television, provide the following:

a. Television station call sign and network name (if applicable), or channel name (for example, "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

b. Channel (for example, "13"): **2,4,7,11,31**

c. Station or subscription TV provider system location:

City: County:

State:

Form 2000C – Disability Access Complaint

***** ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT *****

- d. If you pay to receive television programming, type of subscription service (for example, cable, Satellite):
 - e. If you pay to receive television programming, name of the company to whom you subscribe:
 - f. Name of program(s) involved: **All, except channel 5, KTLA; ABC Channel 7, KCOP Channel 13, FOX Channel 11 and KCAL Channel 9**
7. If your complaint is about closed captioning of television programs streamed or downloaded from the Internet, provide the following information:
- a. Information about the program viewed (for example, "Orange Blossoms, Season 3, Episode 6"):
 - b. Name, address, website, or e-mail address of the program distributor, provider, and/or owner (for example, "WZUF-CBC.com," "WZUE-TV.com," "SportingchannelWest.com," "TV&MoviesOnline"):
 - c. Information about the device or software used to view the program (for example, manufacturer, model, name of video player software or application):
 - d. Date (mm/dd/yyyy) and time the program was viewed.
8. Briefly describe your complaint and include the resolution you are seeking. If applicable, provide a full description of the telecommunications equipment or customer premises equipment (CPE) and/or the telecommunications service about which the complaint is made, and the date or dates on which the complainant either purchased, acquired or used, or attempted to purchase, acquire or use the telecommunications equipment, CPE or telecommunications service about which the complaint is being made:
- Since our over-the-air broadcasting conversion from analog to digital 3 months ago, we no longer have closed captioning except on channel 5, KTLA.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to fccinfo@fcc.gov, by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission
Consumer & Governmental Affairs Bureau
Consumer Complaints
445 12th Street, SW
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).